

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010187

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 375Primary Registration District No. 6279Registrar's No. 6

FILED MAR 5 1963

## 1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Gasconade Township

Length of stay in 1b

20 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home W. of Hartville,

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Wright

c. CITY

OR TOWN

Hartville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route one

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Nancy

Middle

M.

Last

Fullington

## 4. DATE OF DEATH

Month

February

Day

28

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-2-1914

## 9. AGE (last birthday)

49

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Wright County, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S. A.

## 13a. FATHER'S NAME

Ed Fullington

## 13b. MOTHER'S MAIDEN NAME

Sally Trusty

## 14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Shirrell Fullington

## Address

Hartville, Mo.

18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Lobar Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Asian Flu

## DUE TO (c)

1 week

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Feb. 22, 1963, to Feb. 28, 1963, and last saw her alive on Feb. 27, 1963

## Death occurred at

11:30 A

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Deceased's title)

## 22b. ADDRESS

Hartville Mo

## 22c. DATE SIGNED

3-2-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-2-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cemetery

## 23d. LOCATION (City, town, or county)

Wright County, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Bergman-Miller-Bledsoe

Hartville, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-4-1963

## 26. REGISTRAR'S SIGNATURE

Bonnie J. Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Max L Miller*

Licensed Embalmer No.

*4720*

P. O. Address

*Marionfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.